

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90095 035 \*\*\*\*61.25

**DOCUMENT # 766415**

1. Entity Name

**WEST OAKS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**833 WEST AVENUE  
MIAMI BEACH FL 33139**

**833 WEST AVENUE  
MIAMI BEACH FL 33139**

**23384**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2472925**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**MEZQUIA, IVONNE  
833 WEST AVE.  
204  
MIAMI BEACH FL 33139**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **P**  
MEZQUIA, IVONNE  
STREET ADDRESS **833 WEST AVE #204**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VP**  
KNOTT, ROBERT  
STREET ADDRESS **833 WEST AVE., #404**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
NAME **VP**  
NAME **IVONNE MEZQUIA**  
STREET ADDRESS **833 WEST AVE F 503**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Delete  
NAME **TD**  
SOORUS, SHANE  
STREET ADDRESS **833 WEST AVE, #504**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
ANDREU, JUAN  
STREET ADDRESS **1094 SW 135 COURT**  
CITY-ST-ZIP **MIAMI FL 33184**

TITLE  Change  Addition  
NAME **TD**  
NAME **RICHARD AGUIAR**  
STREET ADDRESS **833 WEST AVE #204**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Delete  
NAME **DS**  
PINO, EMILIA  
STREET ADDRESS **833 WEST AVE, #305**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**SIGNATURE REQUIRED**

Date

Daytime Phone #

**2/4/02 305 474 4730**

CR2E037 (9/01)